FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Lenaisi võeiroksun oldautsanousi Eisuistii	2. rederal Grant of Other Ideni	litying Number Assigned	OMB Approval	of
to Which Report is Submitted	By Federal Agency		No.	1 1
Denall Commission 0068-DC-2002-I21		1		
Recipient Organization (Name and complete)		ie)	<u> </u>	Pages
	, ,			
ANTHC/DEHE, 1901 Bragaw St, Ancho 4. Employer Identification Number				
4. Employer Identification Number 5. Recipient Account Number		er of Identifying Number	6. Final Report	7. Basis
92-0162721			Yes X No	IXICash IIAccruel
Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	Period Covered by this Report From: (Month, Day, Year)	rt To: (Month, D	ay,Year)
4/1/2002	12/31/2006	10/1/2006	12/31/2006	
10. Transactions:		1	И	III
		Previously Reported	This Period	Cumulative
a. Total cutiays		1 Teviously Reported	Trus Feriou	Complative
		\$3,329,333.91	\$253,827.84	\$3,583,161.75
b. Recipient share of outlays				
c. Federal share of outlays				\$0
		\$3,329,333,91	\$253.827.84	\$3,583,161.75
d. Total unliquidated obligations				7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
a Desirente abare of uniferridated abilia	Atlana	_		\$0
e. Recipient's share of unliquidated obligations				· en
f. Federal share of unliquidated obligations		-		\$D
				\$0
g. Total federal share (sum of lines c and f)				
h. Total federal funds authorized for this t	unding period			\$3,583,161.75
ii. Total ledela: luide addiolized for the funding period				\$3,600,000.00
i. Unobligated balance of federal funds (Line h minus line g)				40,000,000.00
				\$16,838.25
a. Type of Rate (Place an "X		-	-	
11. Indirect Provisional Pred	etermined Final X F	d. Total Amount	e. Federal Share	
Experise ID. Rate	C. Dase	u. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deem	ed necessary or information re	equired by Federal sponsoring ager	ncy in compliance w	ith
governing legislation.			•	
* prior period adjust	ment.			
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MOTE OR A POP	DIMPEGIA	x Callion	•	
		•	•	
13. Certification I certify to the best of my ki	nowledge and belief that this re	port is correct and complete and that	all outlays and	
unliquidated obligations are	for the purposes set forth in th			
Typed or Printed Name and Title		Telephone (Area code, number	and extension)	
Diane Chris, Construction Controller		907-729-3580		
Signature of Authorized Certifying Official		Date Report Submitted		
		44-44-5-		
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